

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35462

State File No. ....

FILED OCT 25 1955

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2223</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u> )		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5620 Walsh St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEX</u> b. (Middle) <u>B</u> c. (Last) <u>EPHY (EPSTEIN)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7th 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 10th 1896</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months .....	IF UNDER 24 HRS. Hours .....
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clothing Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scruggs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Epstein</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Spraul</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine M Spraul</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War #1 488-01-5614</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine M. Eppy 5620 Walsh St.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic pancreatitis</u>					<u>2 days</u>
		ANTECEDENT CAUSES					<u>2 days</u>
		DUE TO (b) <u>Cholecystectomy</u> DUE TO (c) <u>Chronic Cholecystitis + Cholelithiasis</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>					
19a. DATE OF OPERATION <u>10/5/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis &amp; Cholelithiasis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) .....		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) .....		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) .....		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? .....			
22. I hereby certify that I attended the deceased from <u>10-4</u> , 19 <u>55</u> , to <u>10-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>55</u> , and that death occurred at <u>1:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.O. Mulligan M.D.</u>				23b. ADDRESS <u>634 N. Paul, St. Louis</u>		23c. DATE SIGNED <u>10/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-8-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombro</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 So Kingshighway</u>			

S.G. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John A. Graumann* .....

Licensed Embalmer No. *453*

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.